

WATER WELL REPORT

STATE OF WASHINGTON

Application No.

Permit No.

61-23467

(1) OWNER: Name Camaloch Address 225 E. Camaloch Dr.
 (2) LOCATION OF WELL: County ISLAND SE 1/4 NE 1/4 Sec. 31 T. 32 N., R. 3E W.M.
 Bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐
 Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one) 3
 New well ☒ Method: Dug ☐ Bored ☐
 Deepened ☐ Cable ☒ Driven ☐
 Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 8 inches.
 Drilled 222-9 ft. Depth of completed well 222-9 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 8 " Diam. from 0 ft. to 207 ft.
 Threaded ☐ " Diam. from _____ ft. to _____ ft.
 Welded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name Johnson
 Type W.H. Stainless Model No. _____
 Diam. 7" Slot size 14 from 207 ft. to 217 ft.
 Diam. 7" Slot size 15 from 217 ft. to 222 ft.

Gravel packed: Yes ☐ No ☒ Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.
 Material used in seal Bentonite
 Did any strata contain unusable water? Yes ☐ No ☒
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
 Static level 170-9 ft. below top of well Date 5/14/80
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes ☒ No ☐ If yes, by whom? same
 Yield: 155 gal./min. with 19 ft. drawdown after 4 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
0	189-9				
5 hrs.	171-3				
45 min.	170-9				

Date of test 5/14/80
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
gravel	0	6
boulders	6	8
hardpan	8	85
clayey sand	85	90
clean sand	90	170
" " & water	170	190
gravel & water	190	200
fine sand & water	200	222

Work started 4/20/80, 19____ Completed 5/14/80, 19____

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Koumkel Well Drilling
 (Person, firm, or corporation) (Type or print)
 Address 797 N. Smith Rd Camano Is.

[Signed] Beasari (Well Driller)

License No. _____ Date 3/10/80, 19____

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WELL DRILLER'S STATEMENT:

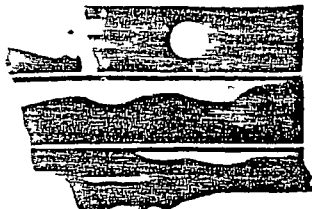
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Kounkel Well Drilling
 (Person, firm, or corporation) (Type or print)

Address 797 N. Smith Rd Camano Is.

[Signed] Deane
 (Well Driller)

License No. _____ Date 3/10/80, 19____



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form



Unique Well Tag No: AGA727

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

Sec #3

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name CAMALOU Last Name _____

Street Address _____

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: ON QUEEN - MUST BE SHOWN

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

☐ Location marked on topographic map (please attach)

☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc)

8" CASING INSIDE CONCRETE TILE W/CONC LID (235') ON
GREEN - EAST OF SRC #2

Location or Well Identification Tag

Casey

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒ No

Where was tag placed?

D	C	B	A
	F	G	H
M	L	K	J
I	P	Q	R

Scale 1 24 000 (1' = 2 000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right # _____

Date Issued _____

One

Application

Permit

Certificate

Claim

Exempt